



US009049979B2

(12) **United States Patent**
Zhu et al.

(10) **Patent No.:** **US 9,049,979 B2**
(45) **Date of Patent:** **Jun. 9, 2015**

(54) **USER INTERFACE SYSTEM AND METHOD FOR CREATING AND MANAGING ULTRASOUND MEASUREMENT-BASED CALCULATIONS IN ULTRASOUND IMAGING SYSTEM**

(52) **U.S. CL.**
CPC . *A61B 8/00* (2013.01); *A61B 8/465* (2013.01); *A61B 8/467* (2013.01)

(58) **Field of Classification Search**
CPC *A61B 8/00*; *A61B 8/465*; *A61B 8/467*
USPC 705/2
See application file for complete search history.

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(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 2011 days.

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(21) Appl. No.: **12/088,097**

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(22) PCT Filed: **Sep. 26, 2006**

EP 1454585 A 9/2004
WO 01/23905 A 4/2001

(86) PCT No.: **PCT/IB2006/053502**

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§ 371 (c)(1),
(2), (4) Date: **Mar. 26, 2008**

Primary Examiner — Hiep V Nguyen

(87) PCT Pub. No.: **WO2007/036879**

(57) **ABSTRACT**

PCT Pub. Date: **Apr. 5, 2007**

An ultrasound imaging system (10) includes a display (16) for displaying an ultrasound image and an analysis package operatively connected to the image display. The analysis package provides a user the ability to manage an ultrasound measurement-based calculation. The analysis package facilitates the management of the measurement-based calculation by displaying for the user a sequence of data entry steps. Information necessary for managing the calculation is accepted and verified at each step and then, also used to determine which step to display next. At the conclusion of the final step, the measurement-based calculation is saved in the system.

(65) **Prior Publication Data**

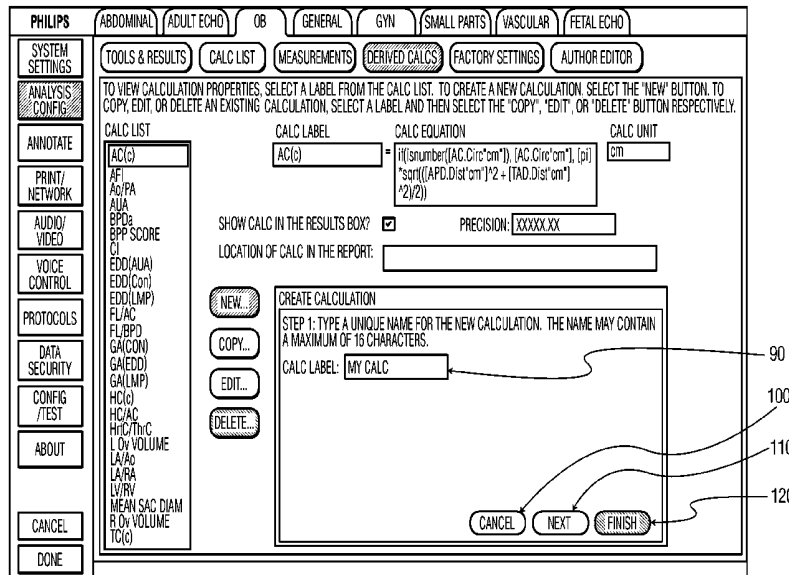
US 2008/0255448 A1 Oct. 16, 2008

Related U.S. Application Data

(60) Provisional application No. 60/722,292, filed on Sep. 30, 2005.

(51) **Int. Cl.**
A61B 8/00 (2006.01)

5 Claims, 7 Drawing Sheets



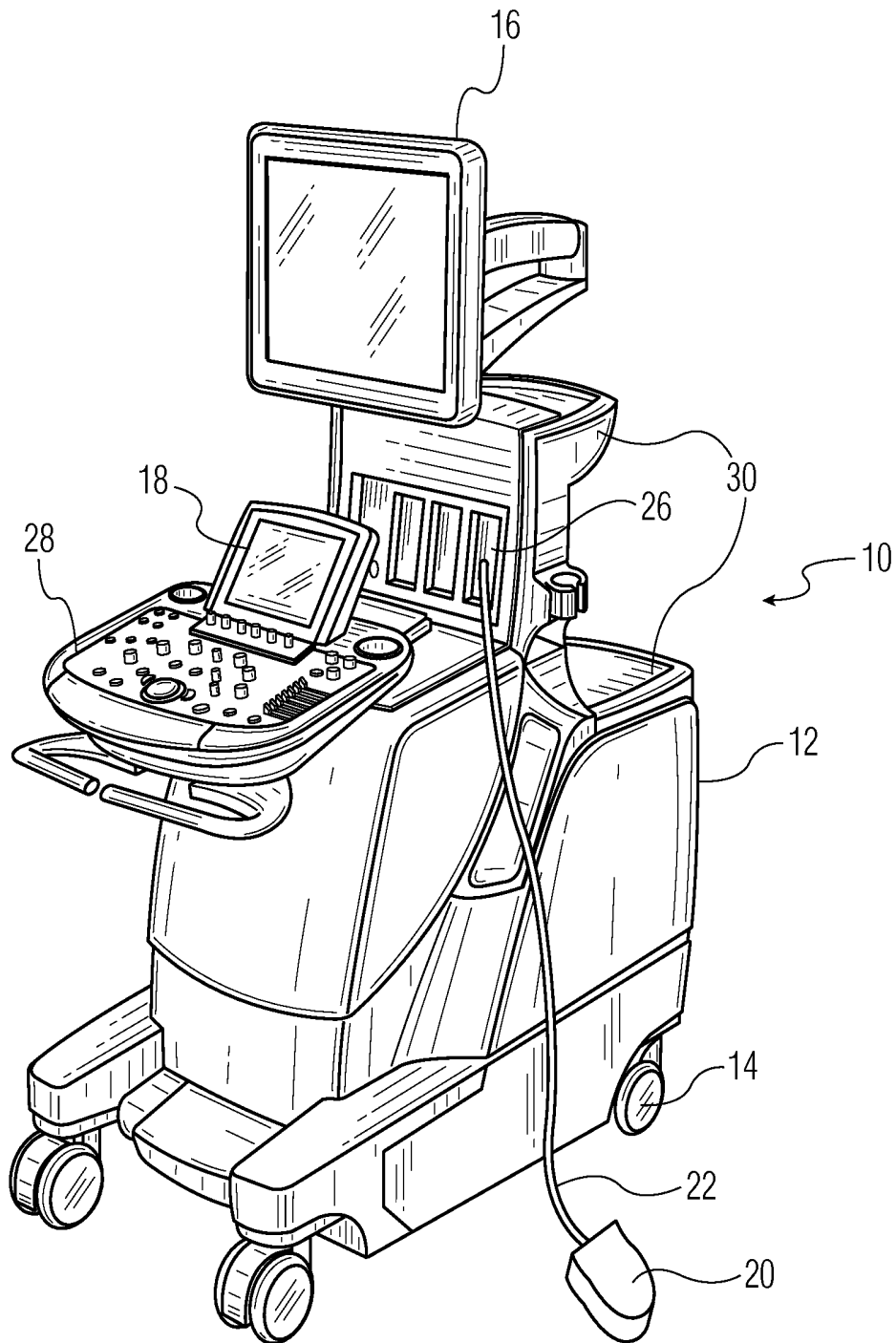


FIG. 1

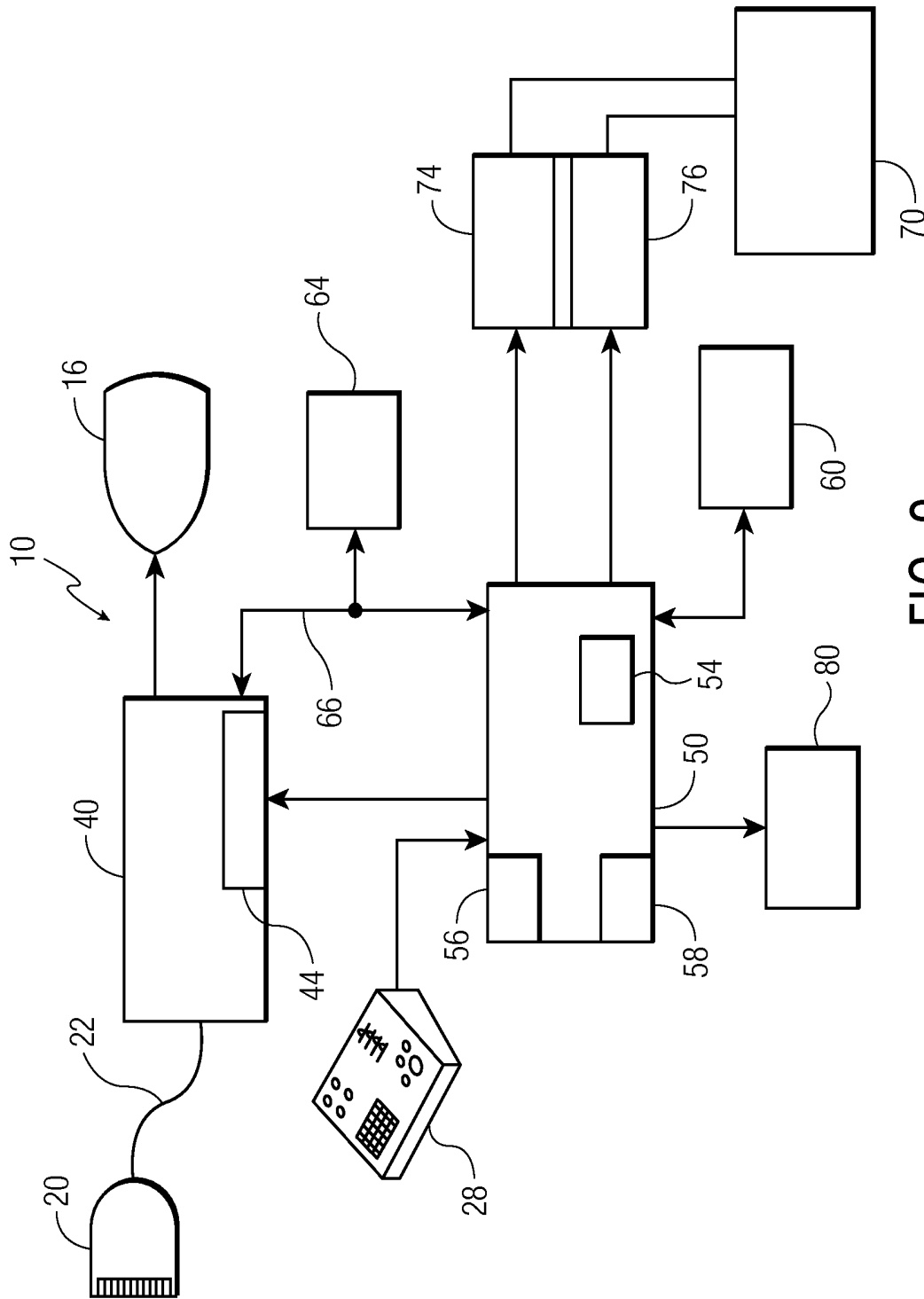


FIG. 2

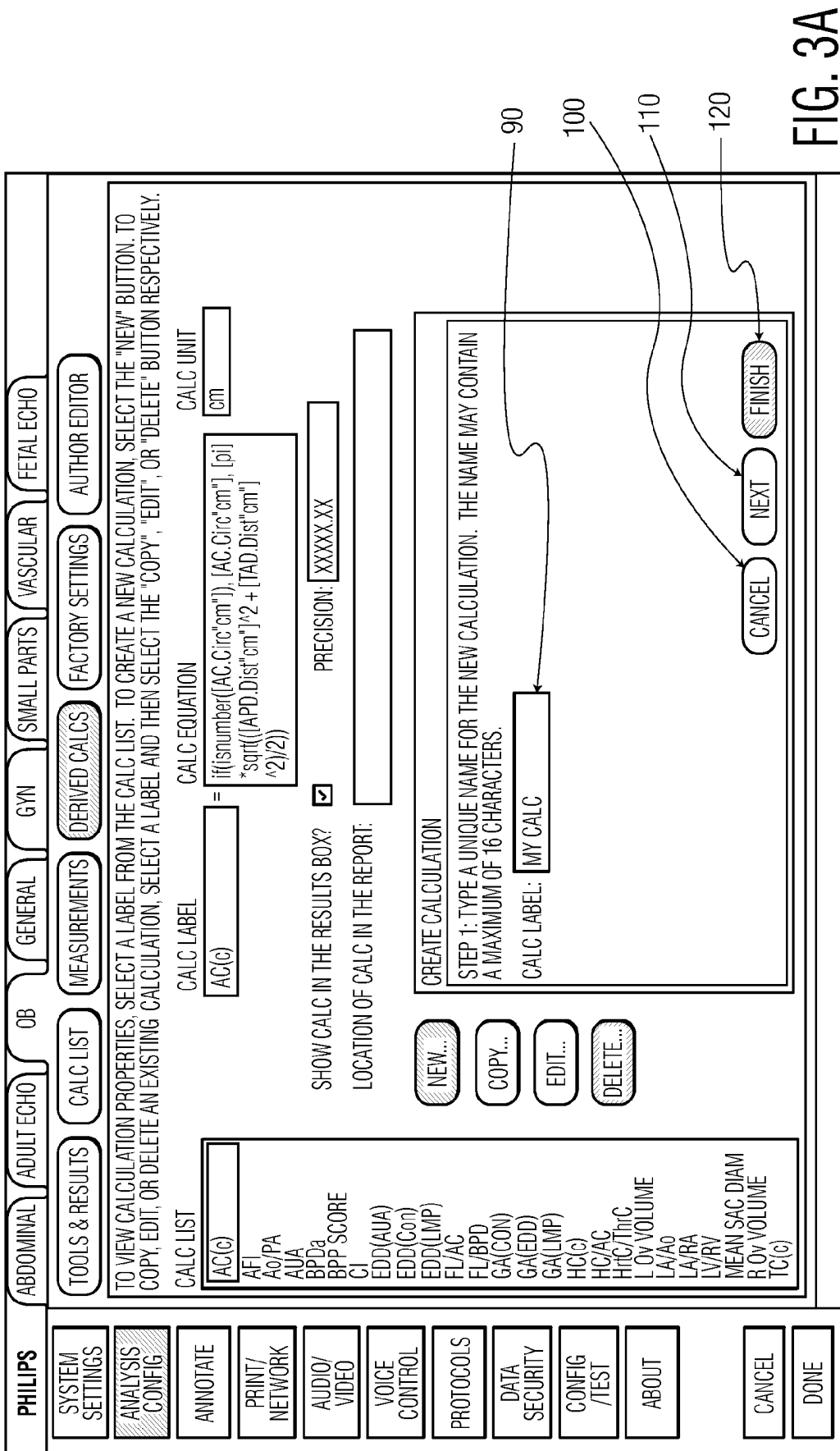


FIG. 3A

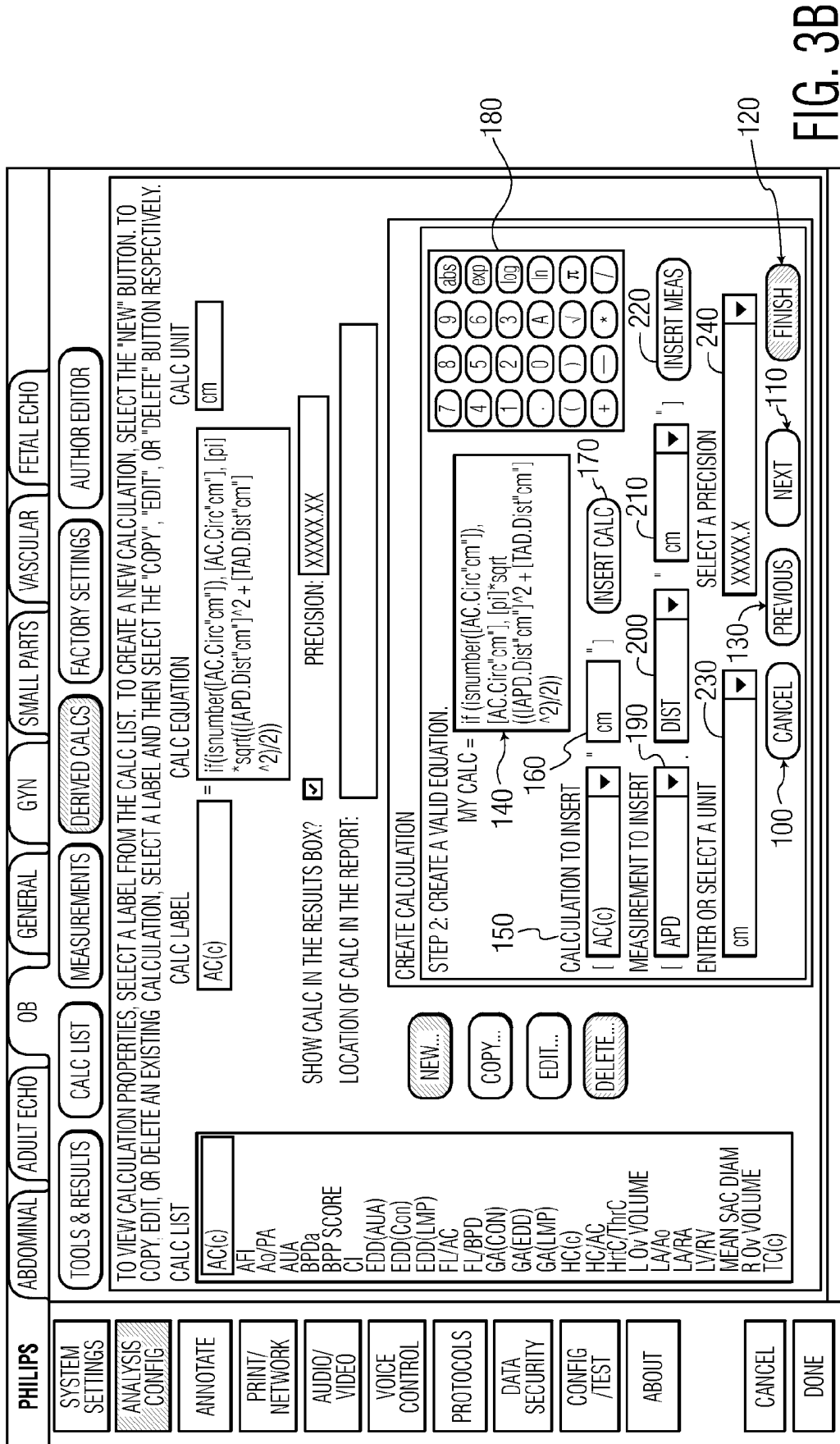


FIG. 3B

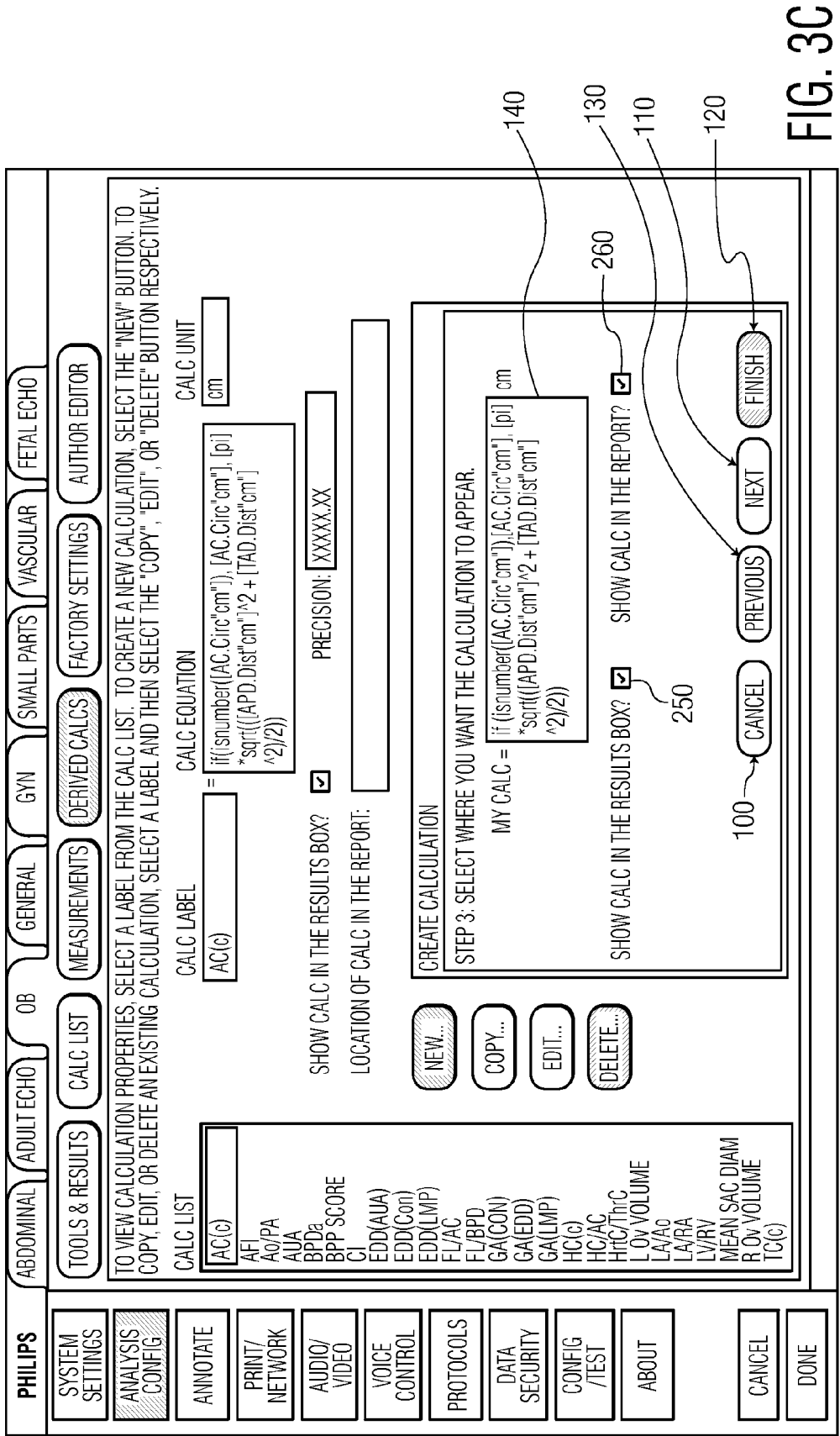


FIG. 3C

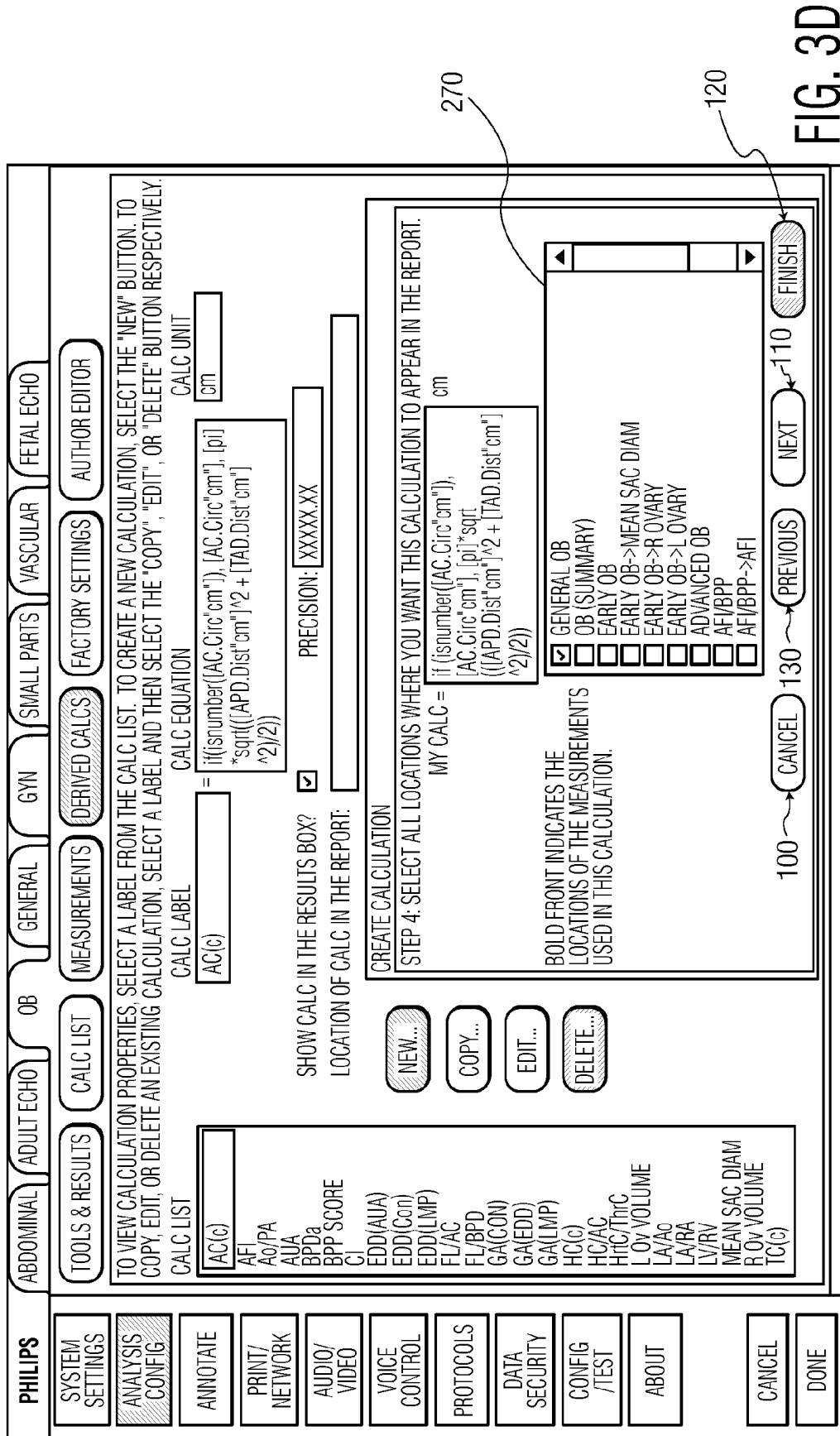


FIG. 3D

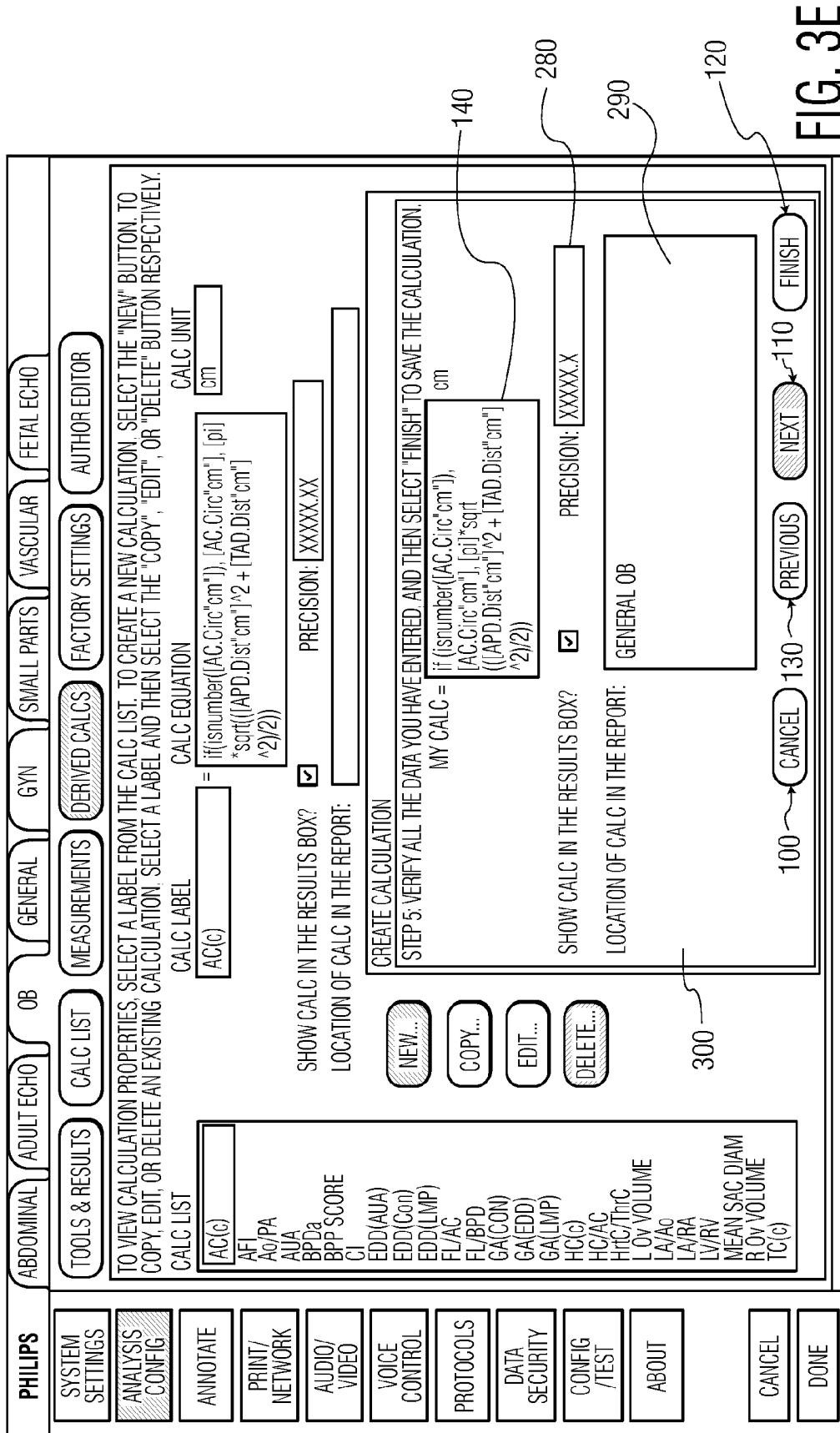


FIG. 3E

**USER INTERFACE SYSTEM AND METHOD
FOR CREATING AND MANAGING
ULTRASOUND MEASUREMENT-BASED
CALCULATIONS IN ULTRASOUND
IMAGING SYSTEM**

This invention relates to medical ultrasound imaging systems and, more particularly, to a user interface in an ultrasound imaging system that allows for creation and management of measurement-based calculations.

Ultrasonic imaging systems routinely include visual tools by which a sonographer can measure anatomy shown in ultrasound images and calculate values and estimations from these measurements. Such measurements and calculations are quantified measures by reason of the spatially accurate dimensions and scaling with which ultrasound images can be displayed.

A typical use of such measurement and analysis tools can be found in ultrasound systems configured for obstetrical examinations. Obstetrical images can show anatomy such as the head, abdomen and limbs of the developing fetus. These anatomical features can be measured by placing markers and shapes over and around the features with the measurement tools. Measurements such as lengths and areas can be determined from the markers and shapes placed or drawn on the image. Some of the measurements can be directly diagnostic such as determining from the head circumference whether a Caesarian section delivery will be necessary. The measurements can also be used to compute other attributes of the developing fetus, such as estimated gestational age and fetal weight. The ability to make these measurements and calculations thus facilitates proper care and treatment of both the mother and baby.

More sophisticated ultrasound systems, particularly those that can be configured for a variety of clinical applications, are often equipped with the ability to perform dozens of measurements and calculations. As is well known in the art, such a system typically has greater flexibility and versatility than simply designating a default list of measurements and calculations. Such prior art systems typically allow the sonographer to design custom protocols which include custom measurements and calculations not provided by the manufacturer on the ultrasound system. This valuable feature frees the sonographer from the restricted use of only the measurements and calculations provided with the ultrasound system and variations thereof, and enables researchers to develop their own new and more accurate measures and computations which are better adapted to the demographics of their patient population.

Due to user interface limitations in prior art systems, however, development and implementation of custom protocols, measurements and calculations is cumbersome and not intuitive. In such prior art systems, the user interface presented to the sonographer for creating custom calculations is typically monolithic and features a single screen with many data fields. Any particular field may or may not be required for completing a particular operation. Which fields are, in fact, required is not immediately obvious. Such an interface is not intuitive and imposes on the sonographer the burden of learning how to use the interface to create or edit a custom calculation.

There is therefore a need for a system that provides the sonographer with a more streamlined and intuitive method and interface for creating custom calculations.

The present invention is directed to a medical ultrasound system and method for creating and managing custom measurement-based calculations. A sonographer may use such equipment to create images of internal organs and blood

vessels, which are displayed on a screen. The ultrasound equipment provides the sonographer with the ability to make onscreen measurements of components of these images. These measurements are then used to derive various calculations useful for clinical and diagnostic purposes. Medical ultrasound equipment typically provides numerous such calculations by default. The ultrasound imaging system and method provides a user interface for creating and managing new custom measurements and calculations beyond those that are provided by the manufacturer. The system and method provides a sequential display of the operations required for any particular management function being carried out on the custom calculation. The system and method may further require the sonographer to input information, which is verified for consistency and correct syntax prior to the next input operation. Additionally, the system and method uses the information gathered in any particular operation to determine which operation the sonographer is presented with next. Lastly, the system and method allows the sonographer to save the custom calculation in the system for later recall. Simplifying management tasks in this manner, into discrete functional steps, increases sonographer efficiency by providing a streamlined and intuitive method and interface for creating custom calculations. Each input screen can be designed with an adequate amount of help and guidance so that the user does not have to constantly refer to system manuals for these operations.

FIG. 1 is an isometric view of an ultrasound imaging system according to one example of the invention.

FIG. 2 is a block diagram of the electrical components used in the ultrasound imaging system of FIG. 1.

FIGS. 3a-3e illustrate a method for creating a custom calculation in one example of the present invention.

An ultrasound imaging system 10 according to one example of the invention is illustrated in FIG. 1. The system 10 includes a chassis 12 containing most of the electronic circuitry for the system 10. The chassis 12 is mounted on a cart 14, and a display 16 is mounted on the chassis 12. An imaging probe 20 is connected through a cable 22 to one of three connectors 26 on the chassis 12. The chassis 12 includes a keyboard and controls, generally indicated by reference numeral 28, for allowing a sonographer to operate the ultrasound system 10 and enter information about the patient or the type of examination that is being conducted. At the back of the control panel 28 is a touchscreen display 18 on which programmable softkeys are displayed for supplementing the keyboard and controls 28 in controlling the operation of the system 10.

In operation, the imaging probe 20 is placed against the skin of a patient (not shown) and held stationary to acquire an image of blood or tissues in a volumetric region beneath the skin. The image is presented on the display 16, and it may be recorded by a recorder (not shown) placed on one of the two accessory shelves 30. The system 10 may also record or print a report containing text and images. Data corresponding to the image may also be downloaded through a suitable data link, such as the Internet or a local area network. In addition to using the probe 20 to produce an image on the display, the ultrasound imaging system may also provide other types of information such as graphs and reports, and it may accept other types of probes (not shown) to provide other types of images.

The electrical components of the ultrasound imaging system 10 are illustrated in FIG. 2. As mentioned above, the ultrasound imaging probe 20 is coupled by the cable 22 to one of the connectors 26, which are connected to an ultrasound signal path 40 of conventional design. As is well-known in the

art, the ultrasound signal path **40** includes a transmitter (not shown) coupling electrical signals to the probe **20**, an acquisition unit (not shown) that receives electrical signals from the probe **20** corresponding to ultrasound echoes, a signal processing unit (not shown) that processes the signals from the acquisition unit to perform a variety of functions such as isolating returns from specific depths or isolating returns from blood flowing through vessels, and a scan converter (not shown) that converts the signals from the signal processing unit so that they are suitable for use by the display **16**. The processing unit in this example is capable of processing both B mode (structural) and Doppler signals for the production of various B mode and Doppler volumetric images, including spectral Doppler volumetric images. The ultrasound signal path **40** also includes a control module **44** that interfaces with a processing unit **50** to control the operation of the above-described units. The ultrasound signal path **40** may, of course, contain components in addition to those described above, and, in suitable instances, some of the components described above may be omitted.

The processing unit **50** contains a number of components, including a central processor unit ("CPU") **54**, random access memory ("RAM") **56**, and read only memory ("ROM") **58**, to name a few. As is well-known in the art, the ROM **58** stores a program of instructions that are executed by the CPU **54**, as well as initialization data for use by the CPU **54**. The RAM **56** provides temporary storage of data and instructions for use by the CPU **54**. The processing unit **50** interfaces with a mass storage device such as a disk drive **60** for permanent storage of data, such as data corresponding to ultrasound images obtained by the system **10**. However, such image data is initially stored in an image storage device **64** that is coupled to a signal path **66** extending between the ultrasound signal path **40** and the processing unit **50**. The disk drive **60** also preferably stores protocols which may be called up and initiated to guide the sonographer through various ultrasound exams.

The processing unit **50** also interfaces with the keyboard and controls **28**. The keyboard and controls **28** may also be manipulated by the sonographer to cause the ultrasound system **10** to produce automatically generated reports at the conclusion of an examination. The processing unit **50** preferably interfaces with a report printer **80** that prints reports containing text and one or more images. The type of reports provided by the printer **80** depends on the type of ultrasound examination that was conducted by the execution of a specific protocol. Finally, as mentioned above, data corresponding to the image may be downloaded through a suitable data link, such as a network **74** or a modem **76**, to a clinical information system **70** or other device.

A procedure for creating a custom calculation according to one example of the present invention is illustrated in FIGS. **3a-3e**. FIG. **3a** illustrates an ultrasound image screen showing the first step in creating a custom calculation. In this example the sonographer may begin this procedure by tapping a pre-determined softkey on the touchscreen display **18**, as mentioned above. The sonographer must enter the Label in the Calc Label **90** field and then click on the Next **110** button. Also illustrated are the Cancel **100** button and the Finish **120** button. At this stage of the creation process, it is not possible to finish and save the equation since none has been entered nor verified as being valid. The Finish **120** button, therefore, is inactive. The Cancel **100** button functions to completely cancel the entire procedure. After the sonographer clicks on Next **110**, but before the next screen is displayed, the system verifies that the Label is unique and that it is less than 16 charac-

ters. Once the information is verified, the next step, as illustrated in FIG. **3b**, is displayed.

FIG. **3b** illustrates an ultrasound image screen showing the second step in creating a custom calculation. In this step, the sonographer creates a valid custom equation in the Calc field **140**. The sonographer may enter an equation directly into the Calc field **140** using the keyboard and/or onscreen touch Keypad **180**. The equation may also contain the results of other calculations or measurements computed by or stored in the system. For example, the sonographer may symbolically insert a pre-defined or previously created custom calculation into the equation in the Calc field **140** by first selecting the calculation in the Calculation Dropdown **150**, specifying the units of that calculation in the Calculation Units Dropdown **160** and clicking on the Insert Calc **170** button.

With further reference to FIG. **3b**, the sonographer may likewise symbolically insert a previously stored measurement into the custom equation as shown in Calc field **140** by first, selecting the measurement in the Measurement Dropdown **190**, selecting a parameter in the Measurement Parameter Dropdown **200**, specifying the units of that measurement in the Measurement Units Dropdown **210** and clicking on the Insert Meas **220** button. The sonographer must select the units and precision of the new calculation by entering or selecting such in the Units Dropdown **230** and the Precision Dropdown **240** respectively. The sonographer then clicks the Next **110** button. After the sonographer clicks on Next **110**, but before the next screen is displayed, the system verifies that the equation is valid. The Previous **130** button allows the sonographer to return to the previous screen and, in this example, change the Label for the calculation under construction. As discussed above, the Cancel **100** button functions to completely cancel the entire procedure. As with the previous step, it is not possible to finish and save the equation at this stage of the processes and the Finish **120** button, therefore, is inactive. After the equation is entered and verified, the next step, as illustrated in FIG. **3c**, is displayed.

FIG. **3c** illustrates an ultrasound image screen showing the third step in creating a custom calculation. In a this example of the present invention, the sonographer is able to specify where custom calculations will appear and be viewed during an exam or when generating reports. FIG. **3c** illustrates one possible example of this capability. Custom calculations can be made to appear in either or both of a Results box or a final Report. The sonographer may have the calculation result appear in the Results box by checking the Results Checkbox **250**. Likewise, if the sonographer would like the calculation to appear in the report, the Report Checkbox **260** should be selected. Until one or both of the checkboxes are selected, the Next **110** button is disabled because the calculation must be configured to be displayed in at least one of these two places. If only the Results Checkbox **250** is selected, the Finish **120** button will become active giving the sonographer the ability to complete the entire operation immediately. If the Report Checkbox **260** is selected, further information is required from the sonographer that is gathered in the next step. Because of this, the Finish **120** button is not active when the Report Checkbox **260** is selected. The Previous **130** button allows the sonographer to return to the previous screen to make changes and, as discussed above, the Cancel **100** button functions to completely cancel the entire procedure.

FIG. **3d** illustrates an ultrasound image screen showing a fourth step in this example. This screen allows the sonographer to select the locations where the calculation is to appear within a report. The sonographer selects where the calculation is to appear by scrolling through the Location List **270** and selecting the checkbox for the appropriate location. More

than one location may be selected, and the calculation will appear in every such location. The contents of the Location List 270 depends on what type of report is being generated, which in turn depends on what type of exam is being conducted. This screen is displayed for the sonographer only if the calculation was designated to be displayed in the previous step. As discussed above, the Cancel 100, Next 110 and Previous 130 buttons are all active and function to cancel the operation or move to the next or previous steps respectively. When the sonographer clicks either the Next 110 or Finish 120 buttons, the system verifies that at least one location in Location List 270 was selected. If the user has not selected at least one location, the user must either do so or click the Previous 130 button to return to the previous screen and deselect the Report Checkbox 260. The Finish 120 button allows the sonographer to complete the operation and store the newly created calculation. Clicking the Next 110 button instructs the system to display the next and final step in the procedure.

FIG. 3e illustrates an ultrasound image screen showing a fifth step in this example. This screen displays all the information the sonographer entered in previous steps and allows the sonographer to verify that the information is correct prior to saving the calculation. The Calc field 140 displays the custom equation. The Results Checkbox 300 shows whether or not the sonographer as designated the calculation to appear in the Results. The Precision 280 field displays the precision the sonographer selected for the results and finally, the Location Report 290 field lists all the locations in the report where the calculation will appear. At this stage of the procedure, all the data as entered has been verified as being syntactically valid. The sonographer may, however, find a mistake or wish to make revisions. To make such corrections, the sonographer must click the Previous 130 button one or more times to return to a previous step containing the information that is to be changed. As usual, the Cancel 100 button cancels the entire procedure. The Next 110 button is inactive during this step because this is the last step in the procedure. Finally, if the sonographer is satisfied with all the data, the Finish 120 button is clicked to save the calculation to the system.

Though this description of creating a custom calculation is made in terms of certain steps taking place in a certain order, it will be understood that the particular number of steps and their order is exemplary only. Other examples of the invention might contain more or fewer steps and may be presented to the sonographer in a different order. The Calc Label 90 as shown in FIG. 3a, for example, need not be specified in Step 1. Other steps in the creation procedure may proceed independently of the particular Calc Label the sonographer specifies. This step could, therefore, occur anywhere in the sequence.

The procedure for editing an existing calculation is quite similar to that of creating a new calculation. For example, the

sonographer can select an existing calculation from a list displayed on the system screen and then click the Edit button to begin editing the calculation. The system then presents the sonographer with the appropriate series of screens, but with the existing calculation information pre-populated into the appropriate fields. The sonographer may then make changes to this information and save the changes.

The procedure for copying an existing calculation is shorter than that of editing or creating. When copying a calculation, the sonographer only need specify Calc Label 90 for the resulting copy as in FIG. 3a above. The copy is saved to the system after the label is entered and verified. The sonographer may then go through the steps explained above to make modifications to the copy as desired.

While the above examples illustrate the use of only ultrasound information, it should be understood that other patient information and information from other medical devices can be used in an equation. For example, patient data such as weight, age, and patient menstrual cycle may be entered and used in an equations, as may data from measurements by other devices such as of blood pressure or hematocrit.

What is claimed is:

1. In an ultrasound diagnostic system, a method for creating and managing ultrasound measurement-based equations, the method comprising:
 - displaying on an ultrasound system display from a command sequence each of a plurality of steps necessary to create or manage at least one measurement-based equation;
 - at each step, accepting information from the user necessary for creating or managing the measurement-based equation;
 - verifying the accepted information; and
 - saving the accepted and verified information of the measurement-based equation in the ultrasound system.
2. The method of claim 1 wherein accepting information from the user comprises accepting information from the user that adds at least one additional step to the command sequence.
3. The method of claim 1 wherein accepting information from the user comprises accepting information from the user that allows the user to skip at least one step in the command sequence.
4. The method of claim 1 wherein accepting information from the user comprises accepting information from the user that specifies the precision or units of the measurement-based equation.
5. The method of claim 1 wherein a command sequence is comprised of the steps necessary to create, edit, copy or delete a measurement-based equation.

* * * * *

专利名称(译)	用于在超声成像系统中创建和管理基于超声测量的计算的用户界面系统和方法		
公开(公告)号	US9049979	公开(公告)日	2015-06-09
申请号	US12/088097	申请日	2006-09-26
[标]申请(专利权)人(译)	皇家飞利浦电子股份有限公司		
申请(专利权)人(译)	皇家飞利浦电子N.V.		
当前申请(专利权)人(译)	皇家飞利浦电子N.V.		
[标]发明人	ZHU IRIS SKYBA DAN CHENAL CEDRIC		
发明人	ZHU, IRIS SKYBA, DAN CHENAL, CEDRIC		
IPC分类号	A61B8/00		
CPC分类号	A61B8/00 A61B8/465 A61B8/467		
优先权	60/722292 2005-09-30 US		
其他公开文献	US20080255448A1		
外部链接	Espacenet USPTO		

摘要(译)

超声成像系统 (10) 包括用于显示超声图像的显示器 (16) 和可操作地连接到图像显示器的分析包。分析包为用户提供管理基于超声测量的计算的能力。分析包通过向用户显示一系列数据输入步骤来促进基于测量的计算的管理。在每个步骤接受并验证管理计算所需的信息，然后还用于确定接下来要显示的步骤。在最后一步结束时，基于测量的计算保存在系统中。

